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| Case Number: | CM14-0124337 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 05/14/2012 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30 year old male who sustained an injury on 05/14/12. There was no specific mechanism of injury noted. The mechanism of injury is due to cumulative trauma. The injured worker developed complaints of pain, numbness, and tingling in the upper extremities. Treatment includes physical therapy and electrodiagnostic studies were reported to show evidence of carpal tunnel syndrome. The injured worker was followed for ongoing complaints of upper extremity symptoms with positive Tinel's and Phalen's signs through 2014. The most recent electrodiagnostic studies from 04/17/14 were negative for evidence of bilateral carpal tunnel syndrome. There was an evaluation dated 04/28/14 that was handwritten and difficult to interpret due to handwriting copy quality. Continued complaints of numbness and tingling in the upper extremities but positive Tinel's and Phalen's sign noted on physical exam were noted. Clinical note dated 06/02/14 noting ongoing bilateral wrist pain that was aggravated by range of motion. Physical exam noted positive compression signs as well as positive Tinel's and Phalen's signs of the carpal tunnel. Recommendations for continued physical therapy at this evaluation was noted. The requested Voltaren sustained release (SR) 100 milligrams was denied by utilization review on 07/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Voltaren SR 100mg,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-68.

Decision rationale: The chronic use of prescription nonsteroidal antiinflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over the counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. Furthermore, the request is not specific in regards to quantity, frequency, or duration. As such, the injured worker could have reasonably transitioned to an over the counter medication for pain.